

FROM STANLEY METAL

(FRI)11. 3'00 13:27/ST.13:26/NO.4862799795 P 2



**RETIREMENT  
ACCOUNTS, INC.**

Retirement Accounts, Inc.  
717 17th Street, Suite 1100  
Denver, Colorado 80202-3323  
1-800-325-4352

Please direct mail to:  
P.O. Box 173783  
Denver, CO 80217-3785  
Fax: 303.294.5199

## IRA Distribution Request Form

### 1. IRA Account Owner Information (Please type or print.)

Retirement Accounts, Inc. Account # 011068020001

Name STANLEY T. MILLER

Residence Address (not a P.O. Box)

6001 Broken Sound Pkwy # 406

City/State/Zip Boca Raton, FL 33487

Check here if this is a change of address. ☐

Daytime Phone ( 561 ) 241 6080

Date of Birth

REDACTED

Social Security #

Retirement Accounts, Inc. (RAI) as Trustee of my Individual Retirement Account, is requested to make payment(s) to me as follows:

### 2. Reason for Distribution (Check one.)

I understand that a 10% premature distribution penalty tax may apply to any distribution I take from my IRA if I am under age 59½ and no other reason or exception applies. (Check one.)

☒ A. I am over age 59½. (If this request is meant to satisfy a required minimum distribution, please complete Section 5, Required Minimum Distributions.)

☐ B. I am under age 59½ and no other reason or exception applies.

☐ C. I am disabled as defined in Section 72(m)(7) of the Internal Revenue Code. (It is the Account Owner's responsibility to determine whether eligibility and to provide any proof that may be required by the IRS when taking a distribution that is attributable to disability.)

☐ D. This distribution is intended to qualify as a substantially equal periodic payment under Section 72(t)(2)(A)(iv) of the Internal Revenue Code. (It is the Account Owner's responsibility to determine the annual amount required.)

☐ E. I wish to have a recent contribution removed or corrected. (Please also complete Section 6.)

☐ F. This distribution is intended to qualify as an exception to Section 72(t) of the Internal Revenue Code (10% Additional Tax on Early Distributions from Qualified Retirement Plans):

☐ Medical Expenses - 72(t)(2)(B)

☐ Distributions to unemployed individuals for health insurance premiums - 72(t)(2)(D)

☐ Distribution from Individual Retirement Plans for higher education expenses - 72(t)(2)(E)

☐ Distribution from certain plans for first home purchases - 72(t)(2)(F)

It is the Plan Owner's responsibility to determine whether eligibility and to provide any proof that may be required by the IRS when taking a distribution that is meant to qualify as an exception to Section 72(t) of the Internal Revenue Code. RAI will report such distributions to the IRS as either regular or premature distributions depending upon the Plan Owner's age.

Do not use this form for a Trustee-to-Trustee Transfer.

### 3. Payment Amount(s) (Check one and complete applicable blanks.)

☒ A. Single Payment: I wish to withdraw \$20,000.

from my IRA. (Fill in dollar amount or write in "total amount," or "200 shares of XYZ stock," etc.)

### ☐ B. Installment Payments:

If you are age 70½ or older, please read and complete the "Information Concerning Minimum Distributions" in Section 5. Then complete following items 2, 3 and 4. Otherwise, complete all information following.

1. Installment payments are a specified dollar amount or are based on a given payment period. I choose:

☐ a. an amount of \$\_\_\_\_\_ for each payment period. (Specify exact amount or enter "all available cash.")

☐ b. a fixed period of \_\_\_\_\_ years.

2. The first payment should be deducted in the month of \_\_\_\_\_

3. Please deduct and send my payments (choose one):

☐ near the beginning of the applicable month.

☐ near the middle of the applicable month.

☐ at the end of the applicable month.

4. Subsequent payments are to be paid (choose one):

☐ annually ☐ semiannually

☐ quarterly ☐ monthly

(Note: It is the Plan Owner's responsibility to ensure that enough cash is available to make each payment when due. Payments will continue until you notify RAI to stop.)

### 4. Asset Instructions

☐ A. Payment to be made in cash (Choose all that apply.)

☐ 1. I authorize RAI to liquidate the asset(s) listed on page two. If you check the systematic withdrawal option, the frequency of the withdrawal will be the same as the payout frequency indicated in Section 3.3.4.

☐ 2. I have contacted my Designated Representative to liquidate any broker-held assets (such as stocks and bonds) or any limited partnerships or other liquid assets I choose to have sold. My Designated Representative will be responsible for forwarding funds to RAI.

☐ 3. My Peak Money Market balance is sufficient to make the distribution.

☒ 4. I authorize RAI to request funds from my brokerage account # 12R284-3-0 at MADEFF INVESTMENT SECURITIES brokerage firm.

(Continued on the reverse side.)

FROM STANLEY METAL

(FRI) 11. 3' 00 13:27/ST. 13:26/NO. 4862799795 P 3

## RAI Distribution Request (continued)

☐ B. Distribute (reregister) shares of the following assets into my personal name to make up the requested amount.

Please list assets here:

# of Shares or \$ Amt	Name of Asset	Liq. / Sell	Re-register	Systematic Withdrawal
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please also distribute \$ \_\_\_\_\_ cash in addition to the assets listed above (for example, total cash balance or a specific dollar amount). Please leave blank if you do not want cash in addition to the registered assets.)

For limited partnerships and/or other illiquid assets, it is the responsibility of the IRA Account Owner and/or his/her Designated Representative to find a buyer and arrange the terms of the sale of the asset. (Attach RAI's Secondary Market Investment Authorization Form if you are selling a limited partnership.) If one or more of the assets requested for distribution is a Mortgage Note (or similar investment), the IRA Account Owner is responsible for ensuring that RAI receives all necessary documents to effect proper assignment of the asset.

### 5. Required Minimum Distributions

(Complete only if Box E in Section 2 is checked.)

Information Concerning Required Minimum Distributions  
(Complete this section only if you are age 70½ or older.)

**Deadline:** IRS rules require that you begin receiving distributions from your IRA by your "required beginning date" (April 1 following the calendar year in which you become a 70½, and then again by December 31 of that same year and every year thereafter. If you would like RAI to make your minimum distribution, we must receive these instructions at least 30 days prior to the required distribution date. Substantial IRS penalty taxes may be assessed if the appropriate IRS deadline is not met.

**Amount:** The minimum amount required to be distributed generally is based on the prior year end total IRA value divided by the applicable life expectancy or by a fixed number of years.

**To complete this section:** Please complete all applicable information below to specify how you wish to handle the required distributions from your account. If we do not hear from you by your required distribution date, we will assume that you have met your required minimum by taking distribution from another IRA.

Required Minimum Distributions are based on the length of the payment period under A, B or C below. I choose:

- ☐ A. my life expectancy as specified by IRS tables.  
☐ B. the joint life expectancy of me and my designated beneficiary (based on IRS tables).  
☐ C. a fixed period of \_\_\_\_\_ years (not to exceed B above).

**Life expectancy election:** (If your "required beginning date" has passed, please indicate the option that was previously elected as of your required beginning date. If you leave this section blank, neither your life expectancy nor the life expectancy of your spouse beneficiary will be recalculated.)

In determining the minimum required distribution for any calendar year (check the applicable boxes):

- ☐ D. my life expectancy: ☐ should ☐ should not be recalculated each year.  
☐ E. the life expectancy of my spouse beneficiary: ☐ should ☐ should not be recalculated each year.

## Note:

1. The election to have or not have your or your spouse's life expectancy recalculated is irrevocable and must be made on or before your "required beginning date." Furthermore, IRS regulations do not allow the life expectancy of a nonspouse beneficiary to be recalculated.
2. If you have designated a nonspouse beneficiary who is more than ten years younger than you, the joint life expectancy will be adjusted to satisfy the incidental death benefit rules imposed by the IRS.
3. Your required minimum distribution may not be calculated based on joint life expectancy if you have designated your estate as the primary beneficiary of your IRA.

### 6. Removal/Correction of Contribution (Complete this Section only if Box F in Section 2 is checked.)

A. Contribution was made for tax year \_\_\_\_\_.

B. My tax-filing deadline for that year, plus any applicable extensions, is (fill in date) \_\_\_\_/\_\_\_\_/\_\_\_\_.

C. Contribution was deposited at RAI on \_\_\_\_/\_\_\_\_/\_\_\_\_.

D. Was this an excess SEP Employer contribution?

☐ Yes ☐ No (Go on to item E.)

1. If "Yes," fill in amount of excess SEP Employer contribution:

\$ \_\_\_\_\_

2. If "Yes," I understand that RAI is required to redesignate and report the excess Employer contribution amount as a regular IRA contribution on my behalf for the year designated in item A above. (If you do not intend to remove any portion of this redesignated amount, check this box ☐ and continue to Section 10.)

E. Check 1, 2 or 3 and complete item as applicable:

☐ 1. It is BEFORE the applicable tax-filing deadline for that contribution plus extensions. Please recharacterize the excess contribution amount (named in section 3.A.) in the form of cash to my RAI Roth IRA Account # \_\_\_\_\_ as a nondeductible contribution for the \_\_\_\_\_ tax year. I understand that any earnings attributable to this amount also will be transferred in cash to my Roth IRA. I understand that this option is available only if I have not yet taken a deduction for this contribution under this transferor IRA plan, and only if I have made sufficient cash available in my account by the transfer date.

☐ 2. It is BEFORE the applicable tax-filing deadline for that contribution, plus extensions (I wish to avoid the 6% IRS penalty tax). I understand that applicable earnings on the contribution must be returned to me, under IRS rules, and that these earnings are taxable to me. (check one):

☐ a. Return contribution plus earnings to me.

☐ b. Remove contribution plus earnings and redeposit only the contribution for the subsequent tax year \_\_\_\_\_.

☐ 3. It is AFTER the applicable tax-filing deadline for that contribution, plus extensions (no earnings will be returned). Please return the excess contribution to me. I understand that a 6% IRS penalty tax will apply.

(Note: Indicate the amount of the contribution to be returned in Section 3 on page 1. The dollar amount you fill in there should be the amount of the excess contribution to be returned. If the option you chose above requires earnings to be returned, these will be calculated by RAI and added to the requested distribution.)

(Continued on the next page.)

FROM STANLEY METAL

(FRI) 11. 3'00 13:28/ST. 13:26/NO. 4862799795 P 4

# RAI IRA Distribution Request (continued)

## 7. Payment Delivery (Check one)

☐ A. Mail by First Class mail to:

Name STANLEY T. MILLER  
Mailing Address 6001 Broken Sound Pkwy  
Suite 400  
City/State/Zip Boca Raton, Florida 33484  
☐ B. Wire funds to:  
Bank Name \_\_\_\_\_  
Bank ABA No. \_\_\_\_\_  
Bank Account No. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

☐ C. Please send cash to me via EFT (see attached information).

☐ D. Transfer/journal the above distribution(s) to my personal account no. \_\_\_\_\_ at my designated brokerage firm.  
(Securities can be transferred/journalled only within the same brokerage firm.)

☒ E. Special instructions:

PLEASE FEDEX USING  
OUR Fedex # REDACTED

If no selection is made, payment will be sent to address of record. Distribution may only be sent to the Account Owner or Account Owner's personal brokerage or bank account. There is a \$35 charge per wire. Fees may apply for special delivery services.

☐ F. Send the distribution to my RAI Roth IRA account # \_\_\_\_\_ (for rollover conversion purposes only). To establish a Conversion Roth IRA, a Roth IRA Application form must be completed.

## 8. Tax Withholding (Choose one)

☒ A. I do NOT want federal income tax withheld from my distribution(s).  
(Note: Even if you choose this option, federal income tax must be withheld from this distribution if you have not provided a U.S. residence address (not a P.O. Box) in Section 1.)

☐ B. I DO want federal income tax withheld from my distribution(s). I understand that \_\_\_\_\_ percent (10% of the distribution will be withheld. (If you want a greater percentage withheld, indicate here: \_\_\_\_\_ %. A percentage amount must be designated.)

(See the notice of tax withholding at the end of this form. If no choice is made above, withholding tax will be deducted.)

## 9. Account Information (Check one)

☐ A. I DO wish to close my account at this time. I understand that the requested distribution will be subject to a termination fee(s).

☒ B. I do NOT wish to close my account at this time.

Termination fees, if not included with a request to terminate or transfer the account, will be deducted from available Peak Money Market Account funds. If cash is unavailable, termination fees will be billed.

## 10. Transaction, Termination and Special Processing Fees

I understand that the requested distribution(s) will be subject to the fees and policies outlined below:

A. Transaction Fee	\$10
Eight free transactions (including distributions) per year. \$10 for each additional transaction.	
B. Termination Fee	\$100 for accounts under Simple Fee Schedule \$150 for accounts under Flexible Fee Schedule
C. Overnight Fee	\$10 - 35 (International or Special Delivery may be higher.)
D. Wire Fee	\$35
E. Fee and Billing Policies	Fees, including all current or past due administration fees, that are not included by check with the distribution request will be deducted from the Peak Money Market. If cash is not available, fees will be billed to the Account Owner, which may delay the distribution request. If a distribution results in an account value reduction to under \$100, RAI reserves the right to resign as trustee and close the account, subject to the fee schedule then in effect. We reserve the right to charge for extraordinary expenses.

## 11. Signature and Acknowledgment

I acknowledge the declarations made above.

IRA Account Owner's

Signature X [Signature]

Date

NOVEMBER 3, 2000

One choice from each applicable item must be checked. When completed, please return this form to Retirement Accounts, Inc.

## Notice of Withholding on Distributions or Withdrawals From IRAs

This notice is required to be furnished to you by IRS regulations each time an IRA distribution is requested.

The distributions you receive from your retirement plan are subject to federal income tax withholding. You are liable for payment of federal income tax on the taxable portion of your distribution regardless of whether you elect to have tax withheld. If you have provided Retirement Accounts, Inc. your residence address within the United States, you may elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. If you have not provided Retirement Accounts, Inc. with your residence address, or if you have provided a residence address outside of the United States, withholding generally is required. You cannot elect out of withholding.

If you are eligible (as explained above), you may elect not to have withholding apply to your distribution payments by signing and dating the election form under Section 8 of the Distribution Request Form.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax.

If you intend to make a rollover deposit of the distribution you are receiving, you should consider the election not to have tax withheld.

If you do not return the election form before the distribution is made from your account, federal income tax will be withheld from your distribution.

Your election will remain in effect until you revoke it and will be honored for all future distributions from this IRA. You may revoke an election by completing a new Distribution Request Form.



**RETIREMENT  
ACCOUNTS, INC.**

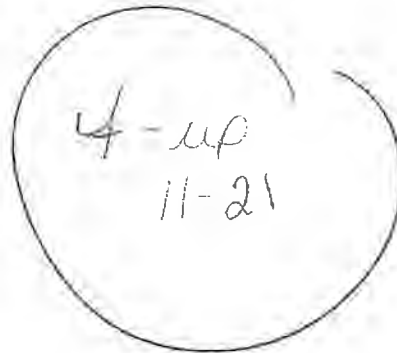
Date 11-6-00

TO: Bernard Madoff

ATTN: Frank

FAX# 212-838-4061

FROM: Retirement Accounts, Inc.  
Phone: 800-325-4352  
Fax: 303-294-5899



Retirement Accounts, Inc. requests that funds to meet the following client(s) distribution needs. Please liquidate from the referenced account(s) and forward a check(s) to our address checked below:



**Mailing Address:**

Retirement Accounts, Inc.  
FBO: (client name & a/c #)  
PO Box 173785  
Denver CO 80217-3785

**Overnight Delivery:**

Retirement Accounts, Inc.  
FBO: (client name & a/c #)  
717 17<sup>th</sup> Street, Ste 1700  
Denver CO 80202-3323

Client name	RAI Account #	Your Account #	Amount
Stanley Miller	1106802	ZR284	\$ 20,000 <sup>00</sup>

Thank you for your prompt attention to this matter. Please call me if you have any questions.

Sincerely,

*Tracy Bates*  
Retirement Accounts, Inc.

*Thanks*

DELIVERING HIGH PERFORMANCE SERVICE TO SELF-DIRECTED INDIVIDUAL RETIREMENT ACCOUNTS SINCE 1976

P.O. Box 173785 • Denver, CO • 80217-3785  
303-294-5959 • 800-325-4352 • Fax 303-294-5899 • www.retirementaccountsinc.com

Feb 19 02 04:00p

Stanley and Vera Miller

212-842-1419

P. 1

2/19/02

FROM STANLEY T. MILLER

TO KENDAL CLARK

ACCOUNT # 106802

PLEASE change the  
distribution to First Union Bank  
from 50,000 to 30,000 effective March, 2002

Thank you  
(Stanley T. Miller)

212-842-1421  
Call client if problems  
wants two schedules,  
two different banks  
30,000 each.





## RETIREMENT ACCOUNTS, INC.

Retirement Accounts, Inc. Please direct mail to:  
717 17th Street, Suite 1700 P.O. Box 173785  
Denver, Colorado 80202-3323 Denver, CO 80217-3785  
1-800-325-4352 Fax: 303-294-5397

Please do not use this form for Required Minimum Distributions.  
A separate form is available for that purpose.

## Traditional IRA Distribution Request

### 1. IRA Account Owner Information (Please type or print)

Retirement Accounts, Inc. Account # 106902  
Name STANLEY T MILLER  
Residence Address (not a P.O. box) 800 S. OCEAN BLVD  
City/State/Zip BOCA RATON FL 33432  
Check here if this is a change of address. ☐

Daytime Phone ( 561 ) 361 8592  
Date of Birth REDACTED  
Social Security # REDACTED

Retirement Accounts, Inc. (RAI) as Trustee of my Individual Retirement Account, is requested to make payment(s) to me as follows:

### 2. Reason For Distribution (choose one):

I understand that a 10% premature distribution penalty tax may apply to any distribution I take from my IRA if I am under age 59½ and no other reason or exception applies.

☒ A. I am <sup>over</sup> age 59½ and no other reason or exception applies.

☐ B. I am disabled as defined in Section 72(m)(7) of the Internal Revenue Code. (It is the Account Owner's responsibility to determine his/her eligibility and to provide any proof that may be required by the IRS when taking a distribution that is attributable to disability.)

☐ C. This distribution is intended to qualify as a substantially equal periodic payment under Section 72(t)(2)(A)(iv) of the Internal Revenue Code. (It is the Account Owner's responsibility to determine the annual amount required.)

☐ D. I wish to have a recent contribution removed or corrected. (Please also complete Section 5.)

☐ E. This distribution is intended to qualify as an exception to Section 72(t) of the Internal Revenue Code (10% Additional Tax on Early Distributions from Qualified Retirement Plans):

☐ Medical Expenses - 72(t)(2)(B)

☐ Distributions to unemployed individuals for health insurance premiums - 72(t)(2)(D)

☐ Other - (Please specify exception to Section 72(t) for higher

Additional paper work is required for Conversions to Roth IRAs other than RAI Roth IRAs.)

☐ This distribution is intended to qualify as a Direct Rollover to a Qualified Plan. (See Item C in Section 6 "Payment Delivery." It is the Participant's responsibility to determine his/her eligibility and to provide any proof that may be required when making a direct rollover to a Qualified Plan.)

Do not use this form for a Trustee-to-Trustee Transfer.

### 3. Payment Amount(s) (Check one and complete applicable blanks.)

☐ A. Single Payment:

I wish to withdraw \_\_\_\_\_ from my IRA. (Fill in dollar amount or write in "total amount" or "200 shares of XYZ stock," etc.)

☐ B. Installment Payments:

1. Installment payments are a specified dollar amount or are based on a given payment period. I choose:

☐ a. an amount of \$ 30,000 for each payment period. (Specify exact amount or enter "all available cash.")

☐ b. a fixed period of \_\_\_\_\_ years

2. The first payment should be deducted in the month of

MARCH 2002

3. Please deduct and send my payments (choose one):

☒ near the beginning of the applicable month 1st of each month

☐ near the middle of the applicable month.

☐ at the end of the applicable month.

4. Subsequent payments are to be paid (choose one):

☐ annually ☐ semiannually

☐ quarterly ☒ monthly

(Note: It is the Plan Owner's responsibility to ensure that enough cash is available to make each payment when due. Payments will continue until you notify RAI to stop.)

### RAI Traditional IRA Distribution Request (continued)

☐ 3. My Peak Money Market balance is sufficient to make the distribution.

☐ 4. I authorize RAI to request funds from my brokerage account# \_\_\_\_\_

☐ 2. It is BEFORE the applicable tax-filing deadline for that contribution plus extensions (I wish to avoid the 6% IRS penalty tax) I understand that applicable earnings on the contribution must be returned to me, under IRS rules, and that these earnings are taxable to me (check one):

☐ a. Return contribution plus earnings to me.

account# \_\_\_\_\_  
at \_\_\_\_\_ brokerage firm.

Pg 7 of 13

☐ B. Distribute (reregister) shares of the following assets into my personal name to make up the requested amount.

Please list assets here:

# of Shares or \$ Amount	Name of Asset	Liq./ Sell	Re-register	Systematic Withdrawal
30,000	BERNARD MAROT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please also distribute \$ \_\_\_\_\_ cash in addition to the assets listed above (for example, total cash balance or a specific dollar amount). (Please leave blank if you do not want cash in addition to the reregistered assets.)

For limited partnerships and/or other illiquid assets, it is the responsibility of the IRA Account Owner and/or his/her Designated Representative to find a buyer and arrange the terms of the sale of the asset. (Attach RAI's Secondary Market Investment Authorization Form if you are selling a limited partnership.) If one or more of the assets requested for distribution is a Mortgage Note (or similar investment), the IRA Account Owner is responsible for ensuring that RAI receives all necessary documents to effect proper assignment of the asset.

**5. Removal/Correction of Contribution** (Complete this section only if Box D in Section 2 is checked.)

- A. Contribution was made for tax year \_\_\_\_\_.
- B. My tax-filing deadline for that year, plus any applicable extensions, is (fill in date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- C. Contribution was deposited at RAI on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- D. Was this an excess SEP Employer contribution?

☐ Yes ☐ No (Go on to item E.)

1. If "Yes," fill in amount of excess SEP Employer contribution: \$ \_\_\_\_\_.

2. If "Yes," I understand that RAI is required to redesignate and report the excess Employer contribution amount as a regular IRA contribution on my behalf for the year designated in item A above. If you do not intend to remove any portion of this redesignated amount, check this box ☐ and continue to Section 9.)

**E. Check 1, 2 or 3 and complete item as applicable:**

- ☐ 1. It is BEFORE the applicable tax-filing deadline for that contribution plus extensions. Please recharacterize the excess contribution amount (named in section 3.A.) in the form of cash to my RAI Roth IRA Account # \_\_\_\_\_ as a nondeductible contribution for the \_\_\_\_\_ tax year. I understand that any earnings attributable to this amount also will be transferred in cash to my Roth IRA. I understand that this option is available only if I have not yet taken a deduction for this contribution under this transfer or IRA plan, and only if I have made sufficient cash available in my account by the transfer date.

a. Return contribution plus earnings to me.

☐ b. Remove contribution plus earnings and redeposit only the contribution for the subsequent tax year \_\_\_\_\_.

- ☐ 3. It is AFTER the applicable tax-filing deadline for that contribution, plus extensions (no earnings will be returned). Please return the excess contribution to me. I understand that a 6% IRS penalty tax will apply.

(Note: Indicate the amount of the contribution to be returned in Section 3 on page 1. The dollar amount you fill in ~~there~~ should be the amount of the excess contribution to be returned, if the option you chose above requires earnings to be returned, these will be calculated by RAI and added to the requested distribution.)

**6. Payment Delivery** (Check one.)

☐ A. Mail by First Class mail to:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

☒ B Wire funds to:

Bank Name COMERICA BANK

Bank ABA No. ROUTING # REDACTED

Bank Account No. REDACTED

City/State/Zip FT LAUDERDALE FL 33301

☒ C. Please send cash to me via EFT (see attached information).

☐ D. Transfer/journal the above distribution(s) to my personal account no. \_\_\_\_\_ at my designated brokerage firm. (Securities can be transferred/journalled only within the same brokerage firm.)

Brokerage Firm \_\_\_\_\_

Phone \_\_\_\_\_

☐ E. Special Instructions: \_\_\_\_\_

☐ F. Send the distribution to my RAI Roth IRA account # \_\_\_\_\_ (for rollover conversion purposes only) To establish a Conversion Roth IRA, a Roth IRA Application form must be completed.

☐ G. Send distribution to another eligible retirement plan not at RAI (please consult the Successor Trustee to verify if additional forms are required and attach if applicable).

If no selection is made, payment will be sent to address of record. Distributions may only be sent to the Account Owner or Account Owner's personal brokerage or bank account. There is a \$35 charge per wire. Fees may apply for special delivery services.

RAI Traditional IRA Distribution Request (continued)

Name of Receiving Institution \_\_\_\_\_

Account # \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Successor Trustee Acceptance Signature \_\_\_\_\_

x \_\_\_\_\_

By (print name) \_\_\_\_\_

Title \_\_\_\_\_

7. Tax Withholding (Choose one.)

☒ A. I do NOT want federal income tax withheld from my distribution(s). (Note: Even if you choose this option, federal income tax must be withheld from this distribution if you have not provided a U.S. residence address (not a P.O. Box) in Section 1.)

☐ B. I DO want federal income tax withheld from my distribution(s). I understand that ten percent (10%) of the distribution will be withheld. (If you want a greater percentage withheld, indicate here: \_\_\_\_\_ % A percentage amount must be designated.)

(See the notice of tax withholding at the end of this form. If no choice is made above, withholding tax will be deducted.)

8. Account Information (Check one.)

☐ A. I DO wish to close my account at this time. I understand that the requested distribution will be subject to a termination fee(s)

☒ B. I do NOT wish to close my account at this time.

Termination fees, if not included with a request to terminate or transfer the account, will be deducted from available Peak Money Market Account funds. If cash is unavailable, termination fees will be billed.

9. Transaction, Termination and Special Processing Fees

I understand that the requested distribution(s) will be subject to the fees and policies outlined below:

A. Transaction Fee Eight free transactions (including distributions) per year. \$10 for each additional transaction.	\$10
B. Termination Fee	\$100 for accounts under Simple Fee Schedule \$150 for accounts under Flexible Fee Schedule
C. Overnight Fee	\$10 - \$35 (International or Special Delivery may be higher)
D. Wire Fee	\$35
E. Fee and Billing Policies Fees, including all current or past due administration fees, that are not included by check with the distribution request will be deducted from the Peak Money Market. If cash is not available, fees will be billed to the Account Owner, which may delay the distribution request. If a distribution results in an account value reduction to under \$100, RAI reserves the right to resign as trustee and close the account, subject to the fee schedule then in effect. We reserve the right to charge for extraordinary expenses.	

10. Signature and Acknowledgment

I acknowledge the declarations made above.

IRA Account Owner's

Signature X

Date

One choice from each applicable item must be checked. When completed, please return this form to Retirement Accounts, Inc.

Notice of Withholding on Distributions or Withdrawals From IRAs

This notice is required to be furnished to you by IRS regulations each time an IRA distribution is requested.

The distributions you receive from your retirement plan are subject to federal income tax withholding. You are liable for payment of federal income tax on the taxable portion of your distribution regardless of whether you elect to have tax withheld. If you have provided Retirement Accounts, Inc. your residence address within the United States, you may elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. If you have not provided Retirement Accounts, Inc. with your residence address, or if you have provided a residence address outside of the United States, withholding generally is required. You cannot elect out of withholding.

If you are eligible (as explained above), you may elect not to have withholding apply to your distribution payments by signing and dating the election form under Section 7 of the Distribution Request Form.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated

If you intend to make a rollover deposit of the distribution you receiving, you should consider the election not to have tax withheld.

If you do not return the election form before the distribution is made from your account, federal income tax will be withheld from your distribution.

Your election will remain in effect until you revoke it and will be applied for all future distributions from this IRA. You may revoke an election by completing a new Distribution Request Form.



## Electronic Funds Transfer (EFT) Authorization for Scheduled Distributions

To initiate your prearranged scheduled distributions via EFT, please complete the following information. Please staple a **VOIDED CHECK** or a **SAVINGS DEPOSIT SLIP** to the bottom of this form.

(Please print.)

Name STANLEY T. MILLER

Retirement Accounts, Inc. Account # 106802

Financial Institution (To which credits will be made. Mutual fund accounts and brokerage accounts are not eligible institutions.)

COMERICA BANK

Financial Institution Address 100 NE THIRD AVE STE 200

City/State/Zip FT LAUDERDALE FL 33301

Your Account # at this Institution REDACTED

Type of Account (Check one.)

☒ Checking Account

☐ Savings Account

☐ Credit Union Account (Check one.) ☐ checking ☐ savings

Bank Routing Transit number (This is a nine digit number which you may obtain from your financial institution.)

REDACTED

Signature

I have read this form and by signing below agree to the Terms and Conditions.

Signed X Stanley T. Miller

Date 2/19/02

Please make a copy of this form for your records.

### Terms and Conditions of EFT Authorization

I hereby authorize Retirement Accounts, Inc. to effect payment for my scheduled distribution by initiating credit entries to my account indicated at the financial institution named. I request such financial institution to accept any credit entries initiated by Retirement Accounts, Inc. to such account and to credit the same such account without responsibility for the correctness thereof. I understand that such amounts will be debited as scheduled distributions from my retirement plan. (Please note that it can take up to three banking days after distribution for the deposit to be made in your account.) I understand that this agreement may be terminated by me at any time by sending written notification to both my financial institution and to Retirement Accounts, Inc. Any such notification to Retirement Accounts, Inc. shall be effective only with respect to entries to be initiated by Retirement Accounts, Inc. ten (10) calendar days or more after receipt of such notification.

I may direct Retirement Accounts, Inc. not to credit my financial institution account, provided that such authorization is in writing and is received by Retirement Accounts, Inc. not less than ten (10) calendar days prior to the scheduled initiation of the credit entry. There is no charge for this service.

I agree to hold Retirement Accounts, Inc. harmless from any consequences of acting in accordance with this agreement. (I understand that Retirement Accounts, Inc. is not liable for the failure of a credit entry to be accepted by my financial institution.)

Staple Check or Deposit Slip here.

Feb 19 02 01:53p

Stanley and Veramille

212-842-1419

p.3



# RETIREMENT ACCOUNTS, INC.

Retirement Accounts, Inc. Please direct mail to:  
 717 17th Street, Suite 1700 R.O. Box 173785  
 Denver, Colorado 80207-3323 Denver, CO 80217-3785  
 1-303-323-4332 Fax: 303-294-5397

Please do not use this form for Required Minimum Distributions.  
 A separate form is available for that purpose.

## Traditional IRA Distribution Request

### 1. IRA Account Owner Information (Please type or print.)

Retirement Accounts, Inc. Account # 106902  
 Name STANLEY T MILLER  
 Residence Address (not a P.O. Box) 800 SOUTHWEST BLVD Apt 4  
 City/State/Zip MIAMI BEACH FL 33132  
 Check here if this is a change of address. ☐  
 Daytime Phone ( 305 ) 361 8792  
 Date of Birth REDACTED  
 Social Security # REDACTED

Retirement Accounts, Inc. (RAI) as Trustee of my Individual Retirement Account, is requested to make payment(s) to me as follows:

### 2. Reason For Distribution (choose one):

I understand that a 10% premature distribution penalty tax may apply to any distribution I take from my IRA if I am under age 59½ and no other reason or exception applies.

☒ A. I am under age 59½ and no other reason or exception applies.

☐ B. I am disabled as defined in Section 72(m)(7) of the Internal Revenue Code. (It is the Account Owner's responsibility to determine his/her eligibility and to provide any proof that may be required by the IRS when taking a distribution that is attributable to disability.)

☐ C. This distribution is intended to qualify as a substantially equal periodic payment under Section 72(t)(2)(A)(iv) of the Internal Revenue Code. (It is the Account Owner's responsibility to determine the annual amount required.)

☐ D. I wish to have a recent contribution removed or corrected. (Please also complete Section 5.)

☐ E. This distribution is intended to qualify as an exception to Section 72(t) of the Internal Revenue Code (10% Additional Tax on Early Distributions from Qualified Retirement Plans):

- ☐ Medical Expenses - 72(t)(2)(B)
- ☐ Distributions to unemployed individuals for health insurance premiums - 72(t)(2)(D)
- ☐ Distributions from Individual Retirement Plans for higher education expenses - 72(t)(2)(E)
- ☐ Distributions from certain plans for first home purchases - 72(t)(2)(F)

It is the Plan Owner's responsibility to determine his/her eligibility and to provide any proof that may be required by the IRS when taking a distribution that is meant to qualify as an exception to Section 72(t) of the Internal Revenue Code. RAI will report such distributions to the IRS as either regular or premature distributions depending upon the Plan Owner's age.

☐ This distribution is intended to qualify as a Conversion to a Roth IRA. (See Item F in Section 6 "Payment Delivery." It is the Participant's responsibility to determine his/her eligibility to convert to a Roth IRA. If necessary, complete an RAI Roth IRA Application.

Additional paper work is required for Conversions to Roth IRAs other than RAI Roth IRAs.)

☐ This distribution is intended to qualify as a Direct Rollover to a Qualified Plan. (See Item G in Section 6 "Payment Delivery." It is the Participant's responsibility to determine his/her eligibility and to provide any proof that may be required when making a direct rollover to a Qualified Plan.)

Do not use this form for a Trustee-to-Trustee Transfer.

### 3. Payment Amount(s) (Check one and complete applicable blanks.)

☐ A. Single Payment:

I wish to withdraw \_\_\_\_\_

\_\_\_\_\_ from my IRA. (Fill in dollar amount or write in "total amount" or "200 shares of XYZ stock," etc.)

☐ B. Installment Payments:

1. Installment payments are a specified dollar amount or are based on a given payment period. I choose:

- ☐ a. an amount of \$ 30,000 for each payment period. (Specify exact amount or enter "all available cash.")
- ☐ b. a fixed period of \_\_\_\_\_ years.

2. The first payment should be deducted in the month of MARCH 2002

3. Please deduct and send my payments (choose one):

- ☒ near the beginning of the applicable month. *if each month*
- ☐ near the middle of the applicable month.
- ☐ at the end of the applicable month.

4. Subsequent payments are to be paid (choose one):

- ☐ annually ☐ semiannually
- ☐ quarterly ☒ monthly

(Note: It is the Plan Owner's responsibility to ensure that enough cash is available to make each payment when due. Payments will continue until you notify RAI to stop.)

### 4. Asset Instructions

☐ A. Payment to be made in cash (Choose all that apply.)

☒ 1. I authorize RAI to liquidate the asset(s) listed on page two. If you check the systematic withdrawal option, the frequency of the withdrawal will be the same as the payout frequency indicated in Section 3.B.4.

☐ 2. I have contacted my Designated Representative to liquidate any broken-held assets (such as stocks and bonds) or any limited partnerships or other illiquid assets. I choose to have sold. My Designated Representative will be responsible for forwarding funds to RAI. (Continued on reverse side)

## RAI Traditional IRA Distribution Request (continued)

☐ 3. My Peak Money Market balance is sufficient to make the distribution.

☐ 4. I authorize RAI to request funds from my brokerage account # \_\_\_\_\_ at \_\_\_\_\_ brokerage firm.

☐ 5. Distribute (reregister) shares of the following assets into my personal name to make up the requested amount.

Please list assets here:

# of Shares or \$ Amount	Name of Asset	Liquid Sell	Re- register	Systematic Withdrawal
30,000	BERNARD MARSH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please also distribute \$ \_\_\_\_\_ cash in addition to the assets listed above (for example, total cash balance or a specific dollar amount). (Please leave blank if you do not want cash in addition to the reregistered assets.)

For limited partnerships and/or other illiquid assets, it is the responsibility of the IRA Account Owner and/or his/her Designated Representative to find a buyer and arrange the terms of the sale of the asset. (Attach RAI's Secondary Market Investment Authorization Form if you are selling a limited partnership.) If one or more of the assets requested for distribution is a Mortgage Note (or similar investment), the IRA Account Owner is responsible for ensuring that RAI receives all necessary documents to effect proper assignment of the asset.

5. Removal/Correction of Contribution (Complete this section only if Box D in Section 2 is checked.)

- A. Contribution was made for tax year \_\_\_\_\_.
- B. My tax-filing deadline for that year, plus any applicable extensions, is (fill in date) \_\_\_\_/\_\_\_\_/\_\_\_\_.
- C. Contribution was deposited at RAI on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- D. Was this an excess SEP Employer contribution?

☐ Yes ☐ No (Go on to item E.)

1. If "Yes," fill in amount of excess SEP Employer contribution: \$ \_\_\_\_\_

2. If "Yes," I understand that RAI is required to redesignate and report the excess Employer contribution amount as a regular IRA contribution on my behalf for the year designated in item A above. (If you do not intend to remove any portion of this redesignated amount, check this box ☐)

☐ 2. It is BEFORE the applicable tax-filing deadline for that contribution, plus extensions (I wish to avoid the 6% IRS penalty tax). I understand that applicable earnings on the contribution must be returned to me, under IRS rules, and that these earnings are taxable to me (check one):

☐ a. Return contribution plus earnings to me.

☐ b. Remove contribution plus earnings and redeposit only the contribution for the subsequent tax year \_\_\_\_\_.

☐ 3. It is AFTER the applicable tax-filing deadline for that contribution, plus extensions (no earnings will be returned). Please return the excess contribution to me. I understand that a 6% IRS penalty tax will apply.

(Note: Indicate the amount of the contribution to be returned in Section 3 on page 1. The dollar amount you fill in there should be the amount of the excess contribution to be returned. If the option you chose above requires earnings to be returned, these will be calculated by RAI and added to the requested distribution.)

6. Payment Delivery (Check one.)

☐ A. Mail by First Class mail to:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

☒ B. Wire funds to:

Bank Name CODERICA BANK

Bank ABA No. ROUTING # REDACTED

Bank Account No. REDACTED

City/State/Zip FT LAUDERDALE FL 33301

☒ C. Please send cash to me via EFT (see attached information).

☐ D. Transfer/journal the above distribution(s) to my personal account no \_\_\_\_\_ at my designated brokerage firm. (Securities can be transferred/journaled only within the same brokerage firm.)

Brokerage Firm \_\_\_\_\_

Phone \_\_\_\_\_

☐ E. Special instructions: \_\_\_\_\_

## RAI Traditional IRA Distribution Request (continued)

Name of Receiving Institution \_\_\_\_\_

Account # \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

10. Signature and Acknowledgment

I acknowledge the declarations made above.

IRA Account Owner's

Signature ☒ Stanley T. Verneville

Date 2/14/02

Name of Receiving Institution \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Successor Trustee Acceptance Signature \_\_\_\_\_  
 X \_\_\_\_\_  
 By (print name) \_\_\_\_\_  
 Title \_\_\_\_\_

**7. Tax Withholding (Choose one.)**

☒ A. I do NOT want federal income tax withheld from my distribution(s). (Note: Even if you choose this option, federal income tax must be withheld from this distribution if you have not provided a U.S. residence address (not a P.O. Box) in Section 1.)

☐ B. I DO want federal income tax withheld from my distribution(s). I understand that ten percent (10%) of the distribution will be withheld. (If you want a greater percentage withheld, indicate here: \_\_\_\_\_ % A percentage amount must be designated.)

(See the notice of tax withholding at the end of this form. If no choice is made above, withholding tax will be deducted.)

**8. Account Information (Check one.)**

☐ A. I DO wish to close my account at this time. I understand that the requested distribution will be subject to a termination fee(s).

☒ B. I do NOT wish to close my account at this time.

Termination fees, if not included with a request to terminate or transfer the account, will be deducted from available Peak Money Market Account funds. If cash is unavailable, termination fees will be billed.

**9. Transaction, Termination and Special Processing Fees**

I understand that the requested distribution(s) will be subject to the fees and policies outlined below:

<b>A. Transaction Fee</b> Eight free transactions (including distributions) per year. \$10 for each additional transaction.	\$10
<b>B. Termination Fee</b>	\$100 for accounts under Simple Fee Schedule \$150 for accounts under Flexible Fee Schedule
<b>C. Overnight Fee</b>	\$10 - 33 (international or Special Delivery may be higher)
<b>D. Wire Fee</b>	\$35
<b>E. Fee and Billing Policies</b> Fees, including all current or past due administration fees, that are not included by check with this distribution request will be deducted from the Peak Money Market. If cash is not available, fees will be billed to the Account Owner, which may delay the distribution request. If a distribution results in an account value reduction to under \$100, RAI reserves the right to resign as trustee and close the account, subject to the fee schedule then in effect. We reserve the right to charge for extraordinary expenses.	

I acknowledge the declarations made above.

IRA Account Owner's

Signature X \_\_\_\_\_

Date \_\_\_\_\_

One choice from each applicable item must be checked. When completed, please return this form to Retirement Accounts, Inc.

**Notice of Withholding on Distributions or Withdrawals From IRAs**

This notice is required to be furnished to you by IRS regulations each time an IRA distribution is requested.

The distributions you receive from your retirement plan are subject to federal income tax withholding. You are liable for payment of federal income tax on the taxable portion of your distribution regardless of whether you elect to have tax withheld. If you have provided Retirement Accounts, Inc. your residence address within the United States, you may elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. If you have not provided Retirement Accounts, Inc. with your residence address, or if you have provided a residence address outside of the United States, withholding generally is required. You cannot elect out of withholding.

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if you intend to make a rollover deposit of the distribution you receiving, you should consider the election not to have tax withheld.

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## Electronic Funds Transfer (EFT) Authorization for Scheduled Distributions

To initiate your prearranged scheduled distributions via EFT, please complete the following information. Please staple a **VOIDED CHECK** or a **SAVINGS DEPOSIT SLIP** to the bottom of this form.

(Please print)

Name STANLEY T. MILLER

Retirement Accounts, Inc. Account # 01106802

Financial Institution (To which credits will be made. Mutual fund accounts and brokerage accounts are not eligible institutions.)

COMERICA BANK

Financial Institution Address 100 NE THIRD AVE STE 200

City/State/Zip FT LAUDERDALE FL 33301

Your Account # at this Institution REDACTED

Type of Account (Check one.)

☒ Checking Account

☐ Savings Account

☐ Credit Union Account (Check one.) ☐ checking ☐ savings

Bank Routing Transit number (This is a nine digit number which you may obtain from your financial institution.)

REDACTED

Signature

I have read this form and by signing below agree to the Terms and Conditions.

Signed X

Date

Please make a copy of this form for your records.

### Terms and Conditions of EFT Authorization

I hereby authorize Retirement Accounts, Inc. to effect payment for my scheduled distribution by initiating credit entries to my account indicated at the financial institution named. I request such financial institution to accept any credit entries initiated by Retirement Accounts, Inc. to such account and to credit the same such account without responsibility for the correctness thereof. I understand that such amounts will be debited as scheduled distributions from my retirement plan. (Please note that it can take up to three banking days after distribution for the deposit to be made in your account.) I understand that this agreement may be terminated by me at any time by sending written notification to both my financial institution and to Retirement Accounts, Inc. Any such notification to Retirement Accounts, Inc. shall be effective only with respect to entries to be initiated by Retirement Accounts, Inc. ten (10) calendar days or more after receipt of such notification.

I may direct Retirement Accounts, Inc. not to credit my financial institution account, provided that such authorization is in writing and is received by Retirement Accounts, Inc. not less than ten (10) calendar days prior to the scheduled initiation of the credit entry. There is no charge for this service.

I agree to hold Retirement Accounts, Inc. harmless from any consequences of acting in accordance with this agreement. (I understand that Retirement Accounts, Inc. is not liable for the failure of a credit entry to be accepted by my financial institution.)

POSTED FEB 26 2002

Cancel -  
Voided  
Check

Staple Check or Deposit Slip here.